

# Emergency Support Function #8 – Public Health and Medical Services

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## Primary Department

Fire-EMS Department  
Virginia Department of Health-Roanoke Health Department

## Secondary/Support Departments

Department of Social Services  
Public Works Department  
Environmental Administrator  
Sheriff's Department  
Police Department  
Hospital Systems  
American Red Cross  
Department of Technology  
Western Virginia Water Authority  
Blue Ridge Behavioral Healthcare  
Near Southwest Preparedness Alliance  
Virginia Department of Environmental Quality  
Virginia Department of Agriculture and Consumer Services  
Office of the Chief Medical Examiner  
Virginia Funeral Director's Association

## I. Introduction

### A. Purpose:

Emergency Support Function (ESF) #8 – Health and Medical provides for coordinated medical, public health, mental health, and emergency medical services to save lives in the time of an emergency. These health and medical needs are to include veterinary and/or animal health issues when appropriate.

### B. Scope:

ESF #8 meets public health and medical needs of victims affected by an incident and are categorized in the following way:

1. Assessment of public health/medical needs;
2. Emergency Medical Services;
3. Public health surveillance;
4. Medical care personnel and medical equipment and supplies; and
5. Detect mental health issues and prevent harmful stress levels in the general public (Crisis Intervention & Support).

### C. Policies:

1. The Health Department coordinates all ESF #8 response actions using its own internal policies and procedures;

2. Each ESF #8 organization is responsible for managing its respective response assets after receiving coordinating instructions;
3. The Joint Information Center (JIC) is authorized to release general medical and public health response information to the public after consultation with the Health Department;
4. The Health Department determines the appropriateness of all requests for public health and medical information; and
5. The Health Department is responsible for consulting with and organizing public health and subject matter experts as needed.
6. Requests for state crisis counseling, CISM, and victim's services assistance will be made by the Emergency Management Coordinator to the State EOC.

## II. Concept of Operations

### A. General:

1. During a threatened or actual emergency, the Director of Health or his/her designated representative will direct coordinated health, medical, and rescue services from the Emergency Operations Center (EOC). Coordination will be effected with adjacent jurisdictions as required.
2. Should a disaster substantially overwhelm local medical and rescue resources, additional support and assistance may be requested from hospitals and patient transport through the Near Southwest Preparedness Alliance, representing a 16-hospital region organized to facilitate the development of a regional healthcare emergency response system, and emergency medical service (EMS) providers in neighboring jurisdictions including public and private entities. The crisis augmentation of trained health and medical volunteers may also be appropriate. Essential public health services, such as food and water inspections, will be provided by the Health Department and augmented by state resources and manpower. Public health advisories will be issued only after coordination/notification with the EOC.
3. During an evacuation in which a large number of evacuees are sheltered, the Red Cross will provide medical reserve corps personnel (to provide non-emergency care), Roanoke EMS providers and/or the Health Department will set up and staff an emergency medical aid station in the shelter center or be available as needed or warranted. The Police Department will provide security (as needed) and the Health Department will monitor food safety and shelter sanitation and provide disease surveillance and 'contact' investigations if warranted. Blue Ridge Behavioral Healthcare will provide mental health services.
4. The Western CISM is established to assist emergency service personnel in the Roanoke Valley who have experienced critical incidents such as line of duty deaths, mass casualties, multiple fatalities, and local disasters. CISM teams are available upon request on a 24-hour basis regardless of whether a state or federal disaster has been declared. **To contact the team on duty in the Roanoke Valley region call 1-888-377-7628.**
5. In disasters involving a large number of casualties, the Office of the Chief Medical Examiner (OCME) may request assistance from local funeral directors. The OCME must identify the deceased before they are released to funeral homes. A large

building may need to be designated to serve as a temporary morgue. The Virginia Funeral Directors Association will provide equipment, supplies, and manpower as needed for such a localized disaster (See Tab 4).

6. The Civic Center is a designated site for receiving and dispensing mass supplies of pharmaceuticals and this effort will be coordinated through the local health department. This site may be activated in the event of any situation in the southwestern Virginia. The Emergency Management Coordinator shall be notified when activation is required;
7. The Civic Center is also used as a shelter. Coordination as to using the facility for both a shelter and pharmaceutical distribution site must be exercised. This effort shall be coordinated through the Emergency Management Coordinator or designee.

## **B. Organization:**

1. A Fire-EMS representative will be assigned to the Emergency Operations Center (EOC) in order to coordinate EMS response and will assist with the overall direction and control of emergency operations. All of the emergency medical service vehicles are dispatched through the Emergency Communications Center.

The locality is also served by Life Guard MEDEVAC services operating out of Carilion Memorial Hospital (See Tabs 1 and 3).
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2. Because of their speed, vertical flight, and minimal landing requirements, Life Guard helicopters are able to respond quickly to emergency situations and provide rapid evacuation of seriously injured and, in some cases, critically ill patients to specialty care centers (e.g., trauma centers). Each Life Guard helicopter consists of a specialty pilot and crew in addition to the latest life support and communications equipment.
3. There are several EMS providers serving the locality, which will provide emergency medical transportation, assist with the evacuation of endangered areas, and assist in land search and rescue operations. Local funeral homes will assist the Health Department and the Chief Medical Examiner's Office in disasters involving mass casualties.

The following organizations provide emergency health services in the City of Roanoke:
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Roanoke Fire-EMS (Emergency Medical Services Providers)
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Roanoke Health Department
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Carilion Patient Transport Services: 35 ALS Units Including: Roanoke (10), Bedford (1), Lexington (2), Radford (3), Giles Co (2), Franklin (1), Critical Care Ambulance (1), Neo-Natal Care Ambulance (1).
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Roanoke Life Saving Squad (Emergency Medical Services Providers)
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Carilion Memorial Hospital
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Carilion Community Hospital
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Lewis-Gale Medical Center
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Veterans Administration Medical Center
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## B. Actions

1. Designate an individual to coordinate medical, health, and rescue services;
2. Develop and maintain procedures for providing a coordinated response;
3. Maintain a roster of key officials in each medical support area;
4. Establish a working relationship and review emergency roles with the local hospital and emergency medical services providers;
5. Activate the agency emergency response plan;
6. Implement mutual aid agreements as necessary;
7. The Health Department representative will report to the Emergency Operations Center, or will be immediately available;
8. Coordinate medical, public health, and mental health services;
9. Provide laboratory services to support emergency public health protection measures;
10. Obtain crisis augmentation of health/medical personnel (e.g., physicians, nurse practitioners, laboratory technicians, pharmacists, and other trained volunteers) and supplies as needed;
11. Maintain records and status of persons injured during the emergency;
12. Assist the Office of Chief Medical Examiner's in the identification and disposition of the deceased;
13. Consolidate and submit a record of disaster-related expenses incurred by Health Department personnel; and
14. Assist with the damage assessment of water and sewage facilities, as required.

## C. Responsibilities

1. Primary Department
  - a. Fire-EMS
    1. Respond to the scene with appropriate emergency medical personnel and equipment;
    2. Upon arrival at the scene, assume an appropriate role in the ICS. If ICS has not been established, initiate it and report to the Emergency Operations Center;
    3. Request through additional resources as required for the emergency;
    4. Triage, treat, and transport the injured;
    5. If necessary establish an onsite treatment area;
    6. Coordinate with Medical Control to ensure casualties are transported to the appropriate facilities;

7. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate;
8. Coordinate the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed;
9. Assist in the evacuation of patients from affected facilities and residences, if needed;
10. Inspect damaged medical facilities as necessary and make recommendations for occupancy;
11. Provide medical support for special operation teams (e.g. Haz-mat, Swiftwater Rescue);
12. Provide decontamination assistance to hospitals and medical facilities, as needed; and
13. Support health and medical functions when not dedicated to emergency operations.

b. Health Department

1. Provide personnel, equipment, supplies and other resources necessary to coordinate plans and programs for public health activities during an incident;
2. Establish communications with ESF # 5 to report and receive assessments and status information;
3. Coordinate through the Public Information Officer dissemination of disaster related public health information;
4. Coordinate with hospitals and other health providers on response to health needs;
5. Provide coordination of laboratory services;
6. Assess behavioral health needs following an incident, considering both the immediate and cumulative stress resulting from the incident;
7. Coordinate with ESF # 6 to identify shelter occupants that may require assistance;
8. Coordinate emergency health and medical activities from the Public Health EOC when that facility is activated and/or from the local EOC;
9. Oversee and coordinate the efforts of local health and medical organizations activated for an emergency, assess their needs, help them obtain additional resources, and ensure that necessary services are provided;
10. Coordinate with regional health and medical organizations on matters related to assistance from other jurisdictions;
11. Coordinate with incoming response units, such as Federal Disaster Medical Assistance Teams (DMATs);
12. Work with Medical Reserve Corps and coordinate and screen individual health and medical volunteers;

13. Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations;
  14. Coordinate the control and distribution of the Strategic National Stockpile (SNS) for the general population as well as emergency response personnel;
  15. Coordinate the provision of laboratory services required in support of emergency health and medical services;
  16. Coordinate immunization campaigns or quarantines, if required;
  17. Coordinate inspection of food, water, drugs, and other consumables that were exposed to the hazard;
  18. Coordinate inspection of damaged buildings for health hazards;
  19. Coordinate the implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents;
  20. Establish preventive health services, including control of communicable diseases such as influenza, particularly in shelters;
  21. Monitor food handling and sanitation in emergency facilities;
  22. Assist expanding medical and mortuary services to other facilities, as needed;
  23. Assist with the identification of the deceased;
  24. Prepare all medical-related media releases in conjunction with ESF #2 (Communications); and
  25. Coordinate efforts with physician offices, health clinics and related areas for the possible treatment of disaster victims.
2. Support Departments
- a. Fire-EMS
    1. Respond to the scene with appropriate emergency medical personnel and equipment;
    2. Upon arrival at the scene, assume an appropriate role in the ICS. If ICS has not been established, initiate it and report to the Emergency Operations Center;
    3. Request through additional resources as required for the emergency;
    4. Triage, treat, and transport the injured;
    5. If necessary establish an onsite treatment area;
    6. Coordinate with Medical Control to ensure casualties are transported to the appropriate facilities;
    7. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate;

8. Coordinate the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed;
9. Assist in the evacuation of patients from affected facilities and residences, if needed;
10. Inspect damaged medical facilities as necessary and make recommendations for occupancy;
11. Provide medical support for special operation teams (e.g. Haz-mat, Swiftwater Rescue);
12. Provide decontamination assistance to hospitals and medical facilities, as needed;
13. Support health and medical functions when not dedicated to emergency operations; and
14. Support and assist with the breakdown and distribution of the Strategic National Stockpile (SNS) for the general population as well as emergency response personnel.

b. Hospitals

1. Implement internal and/or external disaster plans;
2. Advise ESF #8 in the EOC of conditions at the facility and the number and type of available beds;
3. Establish and maintain field and inter-facility medical communications;
4. Provide medical guidance, as needed, to EMS;
5. Coordinate with EMS, other facilities, and any medical response personnel to ensure the following is accomplished:
  - a. Casualties are transported to the appropriate medical facility;
  - b. Patients are distributed to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity;
  - c. Take into account special destinations such as trauma centers and burn centers; and
  - d. Consider the use of clinics to treat less than acute illnesses and injuries.
6. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff;
7. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken;
8. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients;

9. Provide decontamination facilities for incoming patients not previously decontaminated;
10. Support pharmaceutical caches for treatment of victims that may not be transported to the hospital;
11. Coordinate with the American Red Cross to develop procedures and establish and staff a reception and support area for the relatives and friends of disaster victims who may converge there in search of loved ones; and
12. Provide patient identification information to the American Red Cross upon request as legally permitted.

c. Mental Health

1. Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations;
2. Provide outreach to serve identified behavioral health needs;
3. Coordinate behavioral health activities among response agencies; and
4. Coordinate through the Public Information Officer the dissemination of public education on critical incident stress and stress management techniques;

b. Office of Chief Medical Examiner

1. Conduct inquests for the deceased and prepared death certificates;
2. Order or conduct autopsies if necessary to determine cause of death;
3. Order or conduct forensic investigations to identify unidentified bodies;
4. Authorize removal of bodies from incident to the mortuary facilities;
5. Provide information through the PIO to the news media for the dissemination of public advisories, as needed; and
6. Coordinate with Mortuary Services in establishing temporary morgue facilities and transport.

c. ESF # 13 (Public Safety & Security)

1. Upon request, provide security for medical facilities, shelters, temporary facilities and operations;
2. Provide security for evacuation routes and staging areas;
3. Provide guidance for evidence preservation in respect to treating victims;
4. Activate plan for maintaining order and security for citizens;
5. Deputize Hospital Security/Police as needed to provide security and traffic control in/around Hospitals;
6. Conduct investigations of deaths not due to natural causes;
7. Locate and notify next of kin; and



8. Coordinate with Mortuary Services and Medical Examiner for securing evidence, securing victim belongings and arranging transport of the deceased.
- d. Mortuary Services
  1. Provide for the collection and care of human remains;
  2. Establish temporary holding facilities and morgue sites; and
  3. Coordinate, as necessary, with emergency health and medical services and law enforcement.
- e. Department of Housing and Neighborhood Services
  1. Inspect damaged medical facilities as necessary. and make recommendations for occupancy.
- f. ESF #3 Public Works
  1. Support Utilities in restoration of utility service to key medical facilities;
  2. Install temporary services as requested or permitted;
  3. Repair streets and maintains road egress and ingress;
  4. Provide barricades streets to limit access; and
  5. Coordinate with other departments for debris removal.
- g. General Services/Fleet Management
  1. Provide emergency onsite maintenance and fuel for vehicle fleet.
- h. ESF #2 (Communications)
  1. Disseminate emergency public information provided by health and medical officials to all media;
  2. A Joint Information Center may be established to assure accurate and coordinated information is assembled for release to the media; and
  3. Coordinate compilation of information to the news media on casualties and instructions to the public on dealing with public health problems.
- i. Near Southwest Preparedness
  1. Coordinate placement of the sick and injured with area hospitals or receiving facilities and other EMS agencies;
  2. Coordinate with EMS, other facilities, and any medical response personnel to ensure the following is accomplished:
    - e. Casualties are transported to the appropriate medical facility;
    - f. Patients are distributed to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity;
    - g. Take into account special destinations such as trauma centers and burn centers; and
  3. Consider the use of clinics to treat less than acute illnesses and injuries.

Tab 1 to Emergency Support Function #8

EMERGENCY MEDICAL SERVICES PROVIDERS

Provider	Location	Number of Trucks

**Tab 2 to Emergency Support Function #8**

**COMMONWEALTH OF VIRGINIA  
EMERGENCY MEDEVAC SERVICES**

<b>HELICOPTER MEDEVAC</b>	<b>ALERT</b>	<b>NON-EMERGENCY</b>
ARIES – (Fairfax County Police)	(703) 280-0840/WAWAS	(703) 830-3015
EAGLE – 182 – (U.S. Park PD, D.C.)	(202) 619-7310/WAWAS	(202) 426-6969
LIFEGUARD 10 Roanoke (Carilion Health Systems)	(540) 344-4357	(540) 342-7503
LIFEGUARD 11 Mt. Empire Airport Wytheville (Carilion Health Systems)	1-888-377-7628	1-888-377-7628
MEDEVAC (Ft. Belvoir)	(703) 664-6565	(703) 664-4401
MED-FLIGHT-1 (VSP Chesterfield)	(800) 468-8892	(804) 674-2089
MED-FLIGHT – 2 (VSP Abingdon)	(800) 433-1028	(276) 466-3188
MEDICAL AIR CARE (INOVA-Fairfax)	(800) 258-8181	(703) 698-2930
MED STAR (Com., D.C.)	(800) 824-6814	(202) 877-7234
NIGHTINGALE (Norfolk General)	(800) 572-4354	(757) 628-2435
986 <sup>th</sup> MEDEVAC (VNG – Richmond)	(804) 222-4580	(804) 222-4580
PEGASUS (UVA Charlottesville)	(434) 522-1826	(434) 924-9287

## **Tab 3 to Emergency Support Function 8**

### **VIRGINIA FUNERAL DIRECTORS ASSOCIATION, INC. MORTUARY DISASTER PLAN ORGANIZATION**

#### **Mission:**

To develop an efficient and effective management response system in mass fatality disaster situations to facilitate the preparation, processing, and release of deceased human remains to the next of kin or family representative.

#### **Concept of Operations:**

In the event of a mass fatality disaster situation, the State EOC or Health Department will contact the Office of the Chief Medical Examiner (OCME), who will notify the Virginia Funeral Directors Association (VFDA). Once contacted by the OCME, the VFDA will activate the Mortuary Response Plan and response teams. The VFDA Response Teams will operate under the direction of the District Medical Examiner of the district in which the incident occurred.

In order to ensure a prompt and professional response, the Virginia Funeral Directors Association maintains a resource manual of needed supplies, equipment, and vehicles. If additional resources are necessary to effectively respond to a disaster, the VFDA Executive Director has emergency purchasing authority up to a specified limit. The VFDA also has a specially equipped disaster trailer to assist the State Medical Examiner's Office and other funeral directors in the state with disaster field response.

#### **Organization:**

The Virginia Funeral Directors Association (VFDA) is responsible for the statewide coordination of the mortuary activities in the state. Each district has a response team comprised of members who have completed training in the VFDA-approved program that qualifies them as certified disaster coordinators. The VFDA response teams will provide support in recovery, evacuation, and identification of the remains.

The OCME is by law responsible for the deceased. Virginia is divided into four medical examiner districts that include the Northern Virginia District based in Fairfax, the Western District based in Roanoke, the Central District based in Richmond, and the Tidewater District based in Norfolk (See Attachment 1).

## Tab 4 to Emergency Support Function 8

### Near Southwest Preparedness Alliance Hospitals & Patient Transport Members

Alleghany Regional Hospital  
Bedford Memorial Hospital  
Catawba Hospital  
Carilion Franklin Memorial Hospital  
Carilion Giles Memorial Hospital  
Carilion New River Valley Medical Center  
Carilion Roanoke Community Hospital  
Carilion Roanoke Memorial Hospital  
Centra Health Lynchburg General Hospital  
Centra Health Virginia Baptist Hospital  
Danville Regional Medical Center  
HCA Lewis-Gale Medical Center  
HCA Montgomery Regional Hospital  
HCA Pulaski Community Hospital  
Martinsville Memorial Hospital  
R.J. Reynolds-Patrick County Memorial  
VA Medical Center – Salem

### Emergency/Disaster Transportation

Carilion Patient Transportation System